

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Claribel Pallasco Date: 8/5/25 Time: 10:30

Location Address: 113 Richard Rd Torrington Telephone #: 446 579-2085

e-mail address: ClaribelPallasco@yahoo.com License #: 57783 Expiration Date: 1/31/27

Capacity: 1 # of Children Present: 7 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature</i>
--	---

Purpose of visit: Partial Inspection with Building official

Observations/Corrections needed:

19a-87b: licensed family childcare home is not in compliance with all codes and ordinances applicable to single dwellings when there is no CO for space being used in basement for childcare. Fire Marshall certificate is on file.

Building Code requires ADA accessible bathroom & Ramp
Permits required for all work.
Head Room needed at bottom of stairs

* For family daycare 1 room for CO ^{in basement} would require electrical updates / Bottom of stairs threshold - can use upstairs Bathroom for Family daycare license.
Downstairs Bathroom/sink ~~not~~ did not have CO for work - (was not existing - added for family daycare)

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/19/25

Signature:
Print Name: Traine Fortin
(OEC Representative)
Signature:
Print Name: Claribel Pallasco
(Person in Charge)